UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS

	EASTERN DIVISION	ON	
UNITED STATES OF AMERICA	FILE	ASE NO: 0	8 CR 481
~V-	JUN 1 9 2008		HADUR
Jeff Trochowski & Greg Sarwa	MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COL	IRT	
1	IS THE DEFENDANT IN C	CUSTODY?	YES NO X
NOT	TICE OF ARRAIGNMEN	T AND PLEA	L
The above-entitled cause has been	n scheduled for an arraignme	ent and the ent	ry of a plea on
Thursday, June 26, 2008 at 10:00 a	ı.m.		in Courtroom 2303
at the Everett McKinley Dirksen Cou	urthouse, 219 South Dearboa	m, Chicago, Ill	linois before the Honorable
Judge Milton I. Shadur.			
You must call the United States Prescheduled appearance in court. You information that will be given to the coordinate of the coordinate o	u will be asked to provide court to assist in setting the court to assist in setting the court the Everett McKinley Dirks and by a lawyer at the intervial afford to hire a lawyer, you re this notice and an attorney	the Pretrial Sconditions of your Courthouse ew with the P should contact will assist you	Services Office with background our release. The Pretrial Services e, 219 South Dearborn, Chicago, retrial Services Office and at the the Federal Defender Program at
	CERTIFICATE OF MA		
I hereby certify that copies of this no			:o:
DEFENDANT # 1			NT'S ATTORNEY
Name: Jeff Trochov	wski	Name: J	John Coghlan/815-933-6681
Address: Unknown		Address:	One Dearborn Sq., Ste. 400
City, State, ZIP:		City, State, Z	ZIP: Kankakee, 60901
AUSA: MARGARET A. HICKE	ΕY		
Copies of this notice were delivered	to:	_	
X Court Interpreter	X	Pretrial Serv	ices Office
By Marsha E. Glenn		Date: 6	5/19/08
Additional instructions regards	ing notice:		
Docketing Department to	o Mail Notice	Telephoned Notice by Judges Staff	

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

NOTICE OF ARRAIGNMENT AND PLEA - 08 CR 481 CERTIFICATE OF MAILING (continued)

DEFENDANT #	2	DEFENDANT'S ATTORNEY	
Name:	Greg Sarwa	Name: Shawn Harrison/312-236-6929	
Address:	Unknown	Address: 222 N. LaSalle, Ste. 200	
City, State, ZIP:		City, State, ZIP: Chicago, IL 60601	
DEFENDANT #		DEFENDANT'S ATTORNEY	
Name:		Name:	
Address:		Address:	
City, State, ZIP:		City, State, ZIP:	
DEFENDANT #		DEFENDANT'S ATTORNEY	
Name:		Name:	
Address:		Address:	
City, State, ZIP:		City, State, ZIP:	
DEFENDANT#		DEFENDANT'S ATTORNEY	
Name:		Name:	
Address:		Address:	
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Address:		Address:	
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Address:		Address:	
City, State, ZIP:		City, State, ZIP:	
DEFENDANT#		DEFENDANT'S ATTORNEY	
Name:		Name:	
Address:		Address:	
City, State, ZIP:		City, State, ZIP:	